



INTENT TO ENROLL FORM

- Completion of this form is required only if the contract beneficiary is attending a private or out-of-state school.
- The contract beneficiary should complete, sign, and date this form.
- Questions should be directed to customer service at our toll-free number, 1-888-772-4723 (in Columbia, 737-2033), option 1.
- Submit to SCTPP, Post Office Drawer 11778, Columbia, SC 29211-1778 or fax to 1-800-519-4652.
- Upon receipt, SCTPP will send confirmation of the school selection to the contract beneficiary.
- Notification of the beneficiary's intent to enroll will also be forwarded to the institution designated on this form.
- Payout rates for the academic year will be mailed to the institution once they become available in late summer.

Current Beneficiary Information

SCTPP Account Number

Beneficiary Name

Beneficiary Address

Beneficiary E-mail

Daytime Telephone Number

()

School Information

Private / Out-of-State School

School Location (City/State)

Term / Year of Attendance

Beneficiary Certification

I certify that the information provided above is complete and accurate, and that I authorize SCTPP to submit information on my behalf to the above-referenced school.

Current Beneficiary's Signature

Date

Signature of Parent or Guardian (if under 18)

Date

Rev. 06/05/07